

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7867

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name David R Rowden

P.O. Box, Bldg., Room No., if any

Street 9113 NE 95th St.

City Vancouver

State Washington ZIP Code + 4 98662-2038

4. Name, file number, and address of labor organization.

Name Painters AFL-CIO Floor Coverers Local 1236

Labor Organization File Number 041-602

P.O. Box, Building and Room Number, if any

Street 11105 NE Sandy Blvd.

City Portland

State Oregon

ZIP Code + 4 97220-2555

5. Position in labor organization. Vice-President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-9-05

Date

360-260-2642

Telephone Number

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.b. Approximate dollar value of such dealing. \$73,831

12.a. Nature of interest held or income received.

Wages received from the business for services as
instructor

12.b. Amount. \$2,912

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.